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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/099,924

Filing Date March 14, 2002

First Named Inventor Daniel Albert Wettstein

Group Art Unit 1642

Examiner Name A. Harris, Ph.D.

Total Number of Pages in This Submission

Attorney Docket Number 1909.03

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney and Statement Under 37 C.F.R. 3.73(b)	<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s): Exhibit A (8 pages), Supplemental ADS, Submission of Supplemental ADS
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

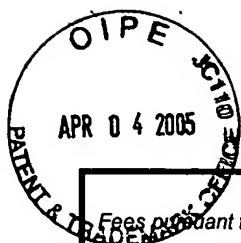
Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	JAY Z. ZHANG, REG. NO. 44,003
Signature	
Date	APRIL 4, 2005

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Express Mail Label No. EV 329265210 US			
Typed or printed name	Stacey L. Stamper	Date	April 4, 2005
Signature			



Effective on 12/08/2004.

Fees pursuant to the Consolidated appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005****Complete if Known**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/099,924
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> 0.00	Filing Date	March 14, 2002
	First Named Inventor	Daniel Albert Wettstein
	Examiner Name	A. Harris, Ph.D.
	Art Unit	1642
	Attorney Docket No.	1909.03

**METHOD OF PAYMENT (check all that apply)**☐ Check    ☐ None    ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account    Deposit Account Number: 50-1627    Deposit Account Name: Myriad Genetics, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.16 and 1.17☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
23 - 38 or HP = 0 x 50.00 = 0.00  
HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims  
Fee (\$)    Fee Paid (\$)  
\_\_\_\_\_

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)  
4 - 9 or HP = 0 x 200.00 = 0.00  
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$)  
\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

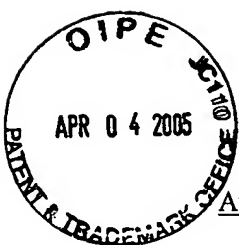
Non-English Specification, \$230 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fees Paid (\$)  
\_\_\_\_\_**SUBMITTED BY**

Signature		Registration No. 44,003 (Attorney/Agent)	Telephone 801-584-3600
Name (Print/Type)	Jay Z. Zhang	Date April 4, 2005	

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney Docket No. 1909.03

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Wettstein et al.	)	
	)	
Application No.: 10/099,924	)	
	)	Group Art Unit: 1642
Filed: March 14, 2002	)	
	)	Examiner: A. Harris, Ph.D.
For: SURVIVIN-INTERACTING	)	
PROTEINS AND USE THEREOF	)	
_____	)	

CERTIFICATE OF EXPRESS MAIL

"Express Mail" mailing label number: EV 329265210 US

Date of Deposit: April 4, 2005

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Stacey L. Stampler  
Stacey L. Stampler

4/4/05  
Date

SUBMISSION OF SUPPLEMENTAL ADS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached please find a Supplemental Application Data Sheet in connection with the subject application. Applicants have corrected the Domestic Priority Information data. Applicants respectfully request entry of this data as amended.

Respectfully submitted,

Jay Z. Zhang  
Jay Z. Zhang  
Registration No. 44,003

Intellectual Property Department  
**Myriad Genetics, Inc.**  
**(Customer No. 26698)**  
320 Wakara Way  
Salt Lake City, UT 84108  
Telephone: 801-584-3600  
Fax: 801-883-3871

Date: April 4, 2005